

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000102230

**Entity Name:** ADSTRA MEDICAL DEVICES INC.

**Current Principal Place of Business:**

2111 S. 30TH STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

52952 SAWMILL CREEK  
MACOMB, MI 48042

**FEI Number: 81-1039079**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SELVARAJA, GERALD  
2111 S. 30TH STREET  
HAINES CITY, FL 33844 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: GERALD SELVARAJA**

**04/06/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P                   | Title           | VP                  |
| Name            | SELVARAJA, GERALD   | Name            | SELVAM, ESTHER S    |
| Address         | 52952 SAWMILL CREEK | Address         | 52952 SAWMILL CREEK |
| City-State-Zip: | MACOMB MI 48042     | City-State-Zip: | MACOMB MI 48042     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GERALD SELVARAJA**

**PRESIDENT**

**04/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date